

| POSITION                  | INITIALS          | ID NO.        | DATE            |
|---------------------------|-------------------|---------------|-----------------|
| FEE DETERMINATION         | <i>NO, SEP 21</i> |               | <i>5/3/01</i>   |
| O.I.P.E. CLASSIFIER       |                   |               |                 |
| FORMALITY REVIEW          | <i>in</i>         | <i>561026</i> | <i>05/17/01</i> |
| RESPONSE FORMALITY REVIEW |                   |               |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy